## PLEASE TYPE OR PRINT

| Ms.  Mr. Artis  | Susan (                | Crowder (Last Name Last) |  |  |  |
|---|------------------------|--------------------------|--|--|--|
| Permanent<br>Address  | 9 Center Knoll Street  | s Bronxville, N.Y.       |  |  |  |
| 10708   | Tel. 9/4)              | 237 - 8855               |  |  |  |
| Temporary Address   | Alea Code              |                          |  |  |  |
|   | Street Tel. ( )        | City                     |  |  |  |
| Zip   | Area Code              |                          |  |  |  |
| Permanent a   | ddress is in what coun | ty? <u>Westchester</u>   |  |  |  |
| Born in Cuya  | ahoga County 🔀 Y       | es 🗆 No                  |  |  |  |
| Collaborator  | (If Any)               |                          |  |  |  |
| If entries are not accepted or not sold:  Artist will pick up entries at Museum.  Museum should dispose of entries.  Museum should ship entries to artist C.O.D. at this address: |                        |                          |  |  |  |
| 9   | Center Knolls          |                          |  |  |  |
| B   | wnxville, N.Y.         | 10708                    |  |  |  |

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Susan W. Crowden

|   |  | gs 2. Grapl<br>ire 5. Electi   |                                  |   |  |  |
|---|--|--|----------------------------------|---|--|--|
| Medium or Materials   |  |  |                                  |   |  |  |
|   |  |  |                                  |   |  |  |
| fabri   | ic, polyes   | ter, wood  |                                  |   |  |  |
| Title (urto   | in for Mo  | ndrian   |                                  | ١                                       |  |  |
| Price or NFS  |  | Insurance Value<br>If NFS Only   |                                  | Size<br>42" x 54"                       |  |  |
|   | GRAPHICS   | S AND PHOTOGR  | APHY ONLY                        |   |  |  |
| Additional<br>No. For Sale  | Total No.<br>in Edition  | Price<br>Unframed  | Price<br>of Frames               | Additional<br>No. of Frames<br>For Sale |  |  |
| DO NOT WRITE IN THIS SECTION  |  |  | ACCEPTED                         | REJECTED                                |  |  |
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| 62  | 5 (( +   | • ))   | FEE PAID                         | BY                                      |  |  |
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|   | •  |  |                                  | MAR                                     |  |  |
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|   | 4. Sculptu   |  | nics 3. Pho                      | tography                                |  |  |
| ENTRY TWO   | 4. Sculptu   |  | nics 3. Pho                      | tography                                |  |  |
| ENTRY TWO   | 4. Sculptu   |  | nics 3. Pho                      | tography                                |  |  |
| Medium or Mate  | 4. Sculptu   | ire □5. Electr   | nics 3. Pho                      | tography                                |  |  |
| ENTRY TWO  Medium or Mate   | Insurance V  | ire □5. Electr   | nics 3. Pho<br>ic 6. Craf        | tography                                |  |  |
| ENTRY TWO  Medium or Mate   | Insurance V  | ire  | nics 3. Pho<br>ic 6. Craf        | tography                                |  |  |
| ENTRY TWO  Medium or Mate  Title  Price or NFS  Additional No. For Sale | Insurance V If NFS Only GRAPHICS Total No.   | alue / S AND PHOTOGR Price Unframed  | size  APHY ONLY  Price           | tography fts  Additional No. of Frames  |  |  |
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